

Know what poor sleep can do to you

1. Prolonged sleep deprivation can cause long term mood disorders like depression.
2. Prolonged lack of sleep can disrupt your immune system making it harder to defend your body against infections.
3. Studies suggest that people with less than 5 Hrs. sleep /night are prone to diabetes.
4. Men & women who don't have quality sleep have decreased libido (interest in sex).
5. Sleep disruption can reduce the secretion of reproductive hormones resulting in trouble conceiving.
6. Chance of weight gain.
7. Long term sleep deprivation is associated with increased heart rate, blood pressure and other chemical changes responsible for inflammation, all of which lead to heart disease.
8. Headache, irritability during the day, anxiety, poor concentration.

SLEEP HYGIENE

(Measures that help promote good sleep)

1. Maintain regular sleep & wake times.
2. Avoid afternoon naps.
3. Avoid tea, coffee, alcohol & smoking close to bed time.
4. Exercise 20 to 30 min a day. Avoid heavy workouts before bed time.
5. Don't go to bed when you are not tired.
6. A quiet, dark & comfortable bed room.
7. Avoid heavy meal before bed time.
8. Do not watch TV, Laptop or mobile for up to 1 Hr. before bedtime.
9. Do not spend much time in bed for activities other than sleeping.

When do you have to worry about insomnia?

If you have sleep issues thrice a week for at least 3 months, you might be having insomnia which needs help from an expert (Psychiatrist). Early initiation of treatment can prevent many health risks.

Myth: all sleep medicines are addictive

Truth: not all medicines used for sleep are addictive.

Using certain sleep medications beyond prescribed duration & beyond prescribed dose haphazardly can make one addicted.

DEMENTIA

What is dementia?

It is an umbrella term for loss of memory & other thinking abilities severe enough to interfere with daily life. It is a syndrome in which there is deterioration of cognitive functions beyond what might be expected from usual ageing process. It causes physical, psychological, social, financial impact on people with dementia & their care givers. Early diagnosis and treatment minimizes the suffering.

The five common types of dementias include:

1. Alzheimer's dementia
2. Lewy body dementia
3. Fronto temporal dementia
4. Vascular dementia
5. Mixed dementia

Signs of dementia

1. Day to day forgetfulness.
2. Misplacing or losing things.
3. Problems with language.
4. Difficulty solving problems.
5. Confusion with time & place.
6. Change in personality, mood, behavior.
7. Poor judgement.
8. Problems communicating.
9. Difficulty doing simple tasks & thus needing assistance.

Who is more likely to develop Alzheimer's?

- people over the age of 65
- women who have reached menopause
- those with a family history of Alzheimer's
- unhealthy life style, smoking, excess alcohol consumption.
- People with a history of depression, high BP, obesity & heart problems.

TIPS TO REDUCE THE RISK OF ALZHEIMER'S

- Stick to a healthy & balanced diet.
- Quit smoking
- Limit alcohol consumption

- Exercise regularly.
- Take timely medication for chronic diseases.
- Regular monitoring of BP & glucose levels.
- Read books, learn new skills & keep your brain active.

MYTH: all forgetfulness is dementia & needs treatment.

TRUTH: Forgetfulness beyond that expected at that age & affecting ones activities of daily life & associated with impairment in other cognitive functions is dementia.

Suicide

Suicide is an act of self-harm with intention to die resulting in death

A suicide attempt is an act of self-harm with intention to die but resulted in death.

Among people who commit suicide, some do it impulsively, some do it after thorough planning. Suicides can be prevented by family members by identifying warning signs shown by them. They can be overt or hidden. They may be expressed verbally or through actions. These days people with suicidal ideas are commonly searching internet for methods to end life.

Warning Signs

Warning signs that someone may be at immediate risk for attempting suicide include:

- Talking about wanting to die or wanting to kill themselves
- Talking about feeling empty or hopeless or having no reason to live
- Talking about feeling trapped or feeling that there are no solutions
- Feeling unbearable emotional or physical pain
- Talking about being a burden to others
- Withdrawing from family and friends
- Giving away important possessions
- Saying goodbye to friends and family
- Putting affairs in order, such as making a will
- Taking great risks that could lead to death, such as rash driving.
- Talking or thinking about death often

Other serious warning signs that someone may be at risk for attempting suicide include:

- Displaying extreme mood swings,
- suddenly changing from very sad to very calm or happy

- Making a plan or looking for ways to kill themselves, such as searching online for lethal methods, stockpiling pills, or buying a gun
- Talking about feeling great guilt or shame
- Using alcohol or drugs more often
- Acting anxious or agitated

It is important to note that suicide is not a normal response to stress. Suicidal thoughts or actions are a signs of extreme distress and should not be ignored. If these warning signs apply to you or someone you know, get help as soon as possible, particularly if the behavior is new or has increased recently. If a person shows any of these signs, he/she must be taken to a psychologist or a psychiatrist for necessary help. Some need counseling, some may need medication if there is an underlying psychiatric disorder.

5 action steps for helping someone in emotional pain

1. ASK: "Are you thinking about killing yourself?" It's not an easy question, but studies show that asking at-risk individuals if they are suicidal does not increase suicides or suicidal thoughts.
- 2.
3. KEEP THEM SAFE: Reducing a suicidal person's access to highly lethal items or places is an important part of suicide prevention. While this is not always easy, asking if the at-risk person has a plan and removing or disabling the lethal means can make a difference.
- 4.
5. BE THERE: Listen carefully and learn what the individual is thinking and feeling.
- 6.
7. HELP THEM CONNECT: Save the Suicide Prevention helpline numbers like Sevakendram-Health Information Helpline 104, AASRA - We're Here To Help. 91-9820466726 or Roshni Trust: +91 40 6620 2000, +91 40 6620 2001. You can also help make a connection with a trusted individual like a family member, friend, spiritual advisor, or mental health professional.
8. STAY CONNECTED: Staying in touch after a crisis or after being discharged from care can make a difference.

MYTH: Women are weak minded & are more likely to commit suicide.

TRUTH: More women attempt suicide but more men complete suicide.

Depression

It is a disorder with persistent sadness and other associated symptoms like decreased interest in ones activities, decreased energy level, decrease in pleasure , sleep disturbance mostly early morning awakening, decrease in appetite

(hunger), decreased libido(interest in sexual activity), passive or suicidal thoughts. They may have feelings of hopelessness, worthlessness, helplessness, feeling lonely.

They are usually noticed sitting at one place alone, not mingling, less interactive, missing work & day to day activities, worried.

It can affect males & females (more common in females), person of any age.

This is usually due to neurotransmitter imbalance in the brain in the form of decreased serotonin, nor epinephrine, dopamine levels.

Treatment includes antidepressant medications to be used for about 6 months , Cognitive Behavior Therapy to correct underlying faulty thoughts if any .

Early treatment can prevent death by suicide.

Anxiety

Everybody experiences anxiety at some point in their life. Every anxiety does not need treatment. It needs treatment only if anxiety is longstanding, interrupting one's personal or social or professional life. This is the most common psychiatric disorder. It manifest as worry with or without any reason, inability to concentrate on any activity, having palpitations, excessive sweating, feeling suffocated, shaking of hands, legs, chest pain mimicking heart attack, butterfly sensation in stomach, urgency of urination, defecation, fear that one might die. Disturbed Sleep, Change in appetite. They even have excessive burping, abdominal pain, and indigestion due to acidity.

Every person will not have all of the above symptoms.

Anxiety state may last for few minutes to hours. Can affect person of any age, any gender. It can be episodic like in panic disorder .

Mild anxiety can improve with relaxation techniques. Severe anxiety needs addition of medication.

Schizophrenia

It is psychiatric disorder with hallucinations (hearing non existing voice, seeing non existing things smelling non existing smells etc.), delusions (suspiciousness commonly as if someone is poisoning their food, others talking about them, someone spying on them, suspicion on spouse etc.), talking to self, smiling to self , disorganized behavior, poor self-care, decreased interaction, decreased sleep, maintaining postures, scolding

others, aggressive behavior, absenting from work, isolating from others, some are suicidal or homicidal. It affects 1% of population.

Thanks to the development in psychopharmacology that we are currently equipped with good medication that are reducing the need for hospitalization.

It is treated by antipsychotics given orally or as depot injection (given once in 2 weeks or a month). Severe form of the condition needs hospitalization & Electro Convulsive Therapy (ECT).

STRESS

Stress is a biological and psychological response experienced on encountering a threat that we feel we do not have the resources to deal with. A stressor is the stimulus (or threat) that causes stress, e.g. exam, divorce, death of loved one, moving house, loss of job, financial loss etc.

Sudden and severe stress generally produces:

- Increase in heart rate
- Increase in breathing (lungs dilate)
- Decrease in digestive activity (don't feel hungry)

What is stressful to one person may be pleasurable or have little effect on others. Everyone reacts to stress differently. it is not stress that kills us, it is our reaction to it. Stress can't be avoided; it is stress management that plays an important role in staying healthy during times of stress.

Selecting a strategy that is suitable to you is advised.

list of possible methods:

1. Distraction, e.g. keeping yourself busy to take your mind off the issue.
2. Emotional disclosure. This involves expressing strong emotions by talking or writing about negative events which precipitated those emotions
3. Journaling - writing down about the triggering event & the resultant feeling.
4. Cognitive reappraisal - a form of cognitive change that involves construing a potentially emotion-eliciting situation in a way that changes its emotional impact.

Above are useful when the source of stress is external.

Problem-focused coping targets the causes of stress in practical ways which tackles the problem or stressful situation that is causing stress, consequently directly reducing the stress. It may be

- Problem-solving.
- Time-management.
- Obtaining social support.

Problem focused methods work only when the source of stress can be controlled.

BIPOLAR DISORDER

It is a mood disorder with unusual shift in mood, energy level, activity, concentration & ability to carry out day to day activities. These moods range from periods of extremely “up,” elated, irritable, or energized behavior (known as manic episodes) to very “down,” sad, indifferent, or hopeless periods (known as depressive episodes). Less severe manic periods are known as hypomanic episodes. It is typically diagnosed during late adolescence (teen years) or early adulthood. Occasionally, bipolar symptoms can appear in children

Proper diagnosis and treatment can help people with bipolar disorder lead a healthy and active lives. Talking with a psychiatrist or other health care provider is the first step. An effective treatment plan usually includes a combination of medication and psychotherapy. Some people improve with Electroconvulsive treatment (ECT) .

Obsessive Compulsive disorder

Obsessive-Compulsive Disorder (OCD) is a common, chronic, and long-lasting disorder in which a person has uncontrollable, unwanted, reoccurring thoughts (obsessions) and/or behaviors (compulsions) that he or she feels the urge to repeat over and over. These symptoms interfere with personal, social & occupational life.

Obsessions are repeated thoughts, urges, or mental images that cause anxiety. Common symptoms include:

- Fear of germs or contamination
- Unwanted forbidden or taboo thoughts involving sex, religion, or harm
- Aggressive thoughts towards others or self
- Having things symmetrical or in a perfect order

Compulsions are repetitive behaviors that a person with OCD feels the urge to do in response to an obsessive thought. Common compulsions include:

- Excessive cleaning and/or handwashing
- Ordering and arranging things in a particular, precise way
- Repeatedly checking on things, such as repeatedly checking to see if the door is locked or that the oven is off
- Compulsive counting

Not all rituals or habits are compulsions. Everyone double checks things sometimes. But a person with OCD generally:

- Can't control his or her thoughts or behaviors, even when those thoughts or behaviors are recognized as excessive
- Spends at least 1 hour a day on these thoughts or behaviors
- Doesn't get pleasure when performing the behaviors or rituals, but may feel brief relief from the anxiety the thoughts cause
- Experiences significant problems in their daily life due to these thoughts or behaviors

Some individuals with OCD also have a tic disorder. people with first-degree relatives (such as a parent, sibling, or child) who have OCD are at a higher risk for developing OCD themselves. OCD is typically treated with medication, psychotherapy, or a combination of the two.

If you think you have OCD, talk to your doctor about your symptoms. If left untreated, OCD can interfere in all aspects of life.

Attention Deficit Hyperactivity Disorder

ADHD is marked by an ongoing pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development. Some people have either inattention or hyperactivity or both.

- Inattention means a person may have difficulty staying on task, sustaining focus, and staying organized, and these problems are not due to defiance or lack of comprehension.
- Hyperactivity means a person may seem to move about constantly, including in situations when it is not appropriate, or excessively fidgets, taps, or talks. In adults, hyperactivity may mean extreme restlessness or talking too much.
- Impulsivity means a person may act without thinking or have difficulty with self-control. Impulsivity could also include a desire for immediate rewards or the inability to delay gratification. An impulsive person may interrupt others or make important decisions without considering long-term consequences.

Many people experience some inattention, unfocused motor activity, and impulsivity, but for people with ADHD, these behaviors: are more severe occur more often and interfere with or reduce the quality of how they function socially, at school, or at job.

ADHD symptoms can appear as early as between the ages of 3 and 6 and can continue through adolescence and adulthood. Treatments include psychotherapy, education and medication, or training, or a combination of treatments. ADHD medications reduce hyperactivity and impulsivity and improve their ability to focus, work, and learn.

Sexual Health

Sexual health is a part of physical & mental health. It is a topic that people often feel embarrassed to speak. Sexual wellness is a critical factor in our physical and emotional health.

How can you take care of your sexual health?



Communication is the key:
Share your doubts and problems with your partner, people you are comfortable with or with a medical expert.



Be curious: Read, learn, and talk about sexual health to get familiar with sexual wellbeing.



Make safety a priority:
Practicing safe sex protects against STDs.



Know your body:
Exploring and identifying your needs is a primary step.



Don't self-treat: It's not advisable to treat your health issues on your own, be it physical, mental or sexual. Get in touch with an expert.

Symptoms of sexual dysfunction & diseases to look out for.

- Inability to achieve orgasm
- Inadequate vaginal lubrication
- Inability to relax vaginal muscles
- Lack of interest in or desire for sex
- Inability to become aroused
- Pain during intercourse
- Odd smelling vaginal discharge
- Rashes or bumps around vagina or rectum

If you experience any of these symptoms, talk to your doctor.

Psychosexual disorders

These are the sexual disorders with involvement of psychological factors in their causation or aggravation.

There are generally three main categories of disorders:
Sexual dysfunction,
Paraphilia's (unusual or abnormal sexual activity) and
Gender identity disorders.

As many as 35% of men and 54% of women experience psychosexual difficulties at some point during their adult lives. Despite this high prevalence, sexual dysfunction is often endured in silence.

- Sexual dysfunction - A lack of sexual desire, erectile dysfunction, premature ejaculation, painful sex, lack of sexual enjoyment, **sexual addiction** and sexual aversion.
- Paraphilia's - characterized by unusual or abnormal sexual behavior, including sexual attraction to unusual objects or activity, such as fetishism, exhibitionism, sadism and voyeurism and more
- Gender identity disorders - Commonly known as gender dysphoria, where individuals do not identify with the sex they were born with.
- What causes psychosexual difficulties?

Some common causes of psychosexual difficulties can include:

- Stress
- Anxiety
- Emotional or physical trauma
- Cultural factors (such as religion and other conflicting factors)

A majority of sexual problems are caused by a mixture of physical and psychological factors. Most people require an integrated treatment approach, where medical and psychological interventions are combined to address underlying causes. Research suggests that when psychosexual therapy is combined with appropriate medication, results are significantly better.